



Cultural and Linguistic Sensitivity in Assessment Tools:
An Adaptation of the Drinkers Inventory of Consequences

For Alaska Natives

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Cultural and Linguistic Sensitivity in Assessment Tools:
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For Alaska Natives

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Abstract

The purpose of this study was to determine the validity of a new assessment tool for Alaska Native clients with alcoholism. A sample of 23 Yup'ik clients at a regional treatment center were interviewed using the Drinker Inventory of Consequences for Alaska Natives (DrInC-AN), an adaptation of the Drinker Inventory of Consequence (DrInC), the Alcohol Use Disorders Identification Test (AUDIT) and the Yup'ik Cultural Practices and Traditions (YCPT). These clients were selected, on a voluntary basis during the intake interview to the treatment center. Historically, assessment tools in alcoholism have not been culturally or linguistically sensitive to Alaska Native and Native American clientele (Dana, 1993). This study investigated the reliability and validity of the DrInC-AN in the assessment of severity of negative consequences of alcohol use among Alaska Natives.

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Introduction

Alcoholism has devastated the Alaska Native populace for many years. According to the Alaska Native Commission (1994), “the incidence of alcohol abuse among Alaska Natives was characterized as both a ‘plague and an ‘epidemic’ every bit as threatening as other diseases that have ravaged the Alaska Native population since first contact with Westerners”(p. 69). A significant observation from the commission on treatment methodology and sensitivity among the Alaska Native population states, “Attempts to treat Alaska Natives alcoholism has been, at best, marginally successful. As with most alcoholism treatment approaches, those designed for Alaska Natives generally seek to treat the individual . . . the underlying problems have not been treated”(p. 78).

The problem is clear—alcoholism amongst the Alaska Natives has been chronicled for the past 20 years with varied reports, commissions and in the Pulitzer prize-winning series, *People In Peril* (Anchorage Daily News, 1989). Research that addresses the uniqueness of Alaska Native drinking and its consequent behaviors, based upon more culturally and linguistically sensitive assessment tools is absent.

The assessment tools used in treatment centers historically were designed by and for the dominant culture (Dana, 1993, 2000, *Alaska Native Commission*, 1994 and others) and as such, the results of these assessments gave inaccurate and/or misleading information about the Native People. Duran (1995) examined the usage of psychological

information about the Native People. Duran (1995) examined the usage of psychological testing in alcoholism and stated, "The deviance that these tests are measuring is based on the standard normality in the dominant white population"(p.99). This type of construct plague the client as the counselor or therapist treats the Native person in a skewed manner, given the information gleaned from such instruments. Moreover, subsequent counseling to the Native person was wrought with *non-traditional* counseling that did not tap the Native ways of knowing to contribute to the counseling sessions. The client then is impacted by skewed assessment and followed by skewed counseling in most cases. While counseling is not an issue within the scope of this project, it is however important to note as an adjunct to its historical usage in conjunction with assessment tools. If a Native client, who may have a relapse, is re-assessed by the same means, the high incidence of alcoholism amongst Native People is propagated and perpetuated. Lastly, this information illustrates the dire need for a cultural and linguistic sensitive assessment tool for all Alaska Native People.

This thesis reports on a research project that investigated the cross-cultural construct equivalence of an assessment tool adapted for the measurement of drinking consequences among Alaska Native People. The thesis begins with a review of the literature, including a discussion of the impact of alcohol upon Alaska Natives and the importance of cultural values and worldview in the study of alcohol among Native people. It further examines the assessment of drinking's consequences, important issues in the use of existing measures with Native people, and the adaptation of a measure of

drinking consequence for Alaska Native people. Following that, a rationale for the study will be described and the methodology and analysis for this study is elaborated.

The Impact of Alcohol on Alaska Native People

Alcohol use has influenced the Alaska Natives in epidemic proportions. In 1998, a legislative report of the Division of Alcoholism and Drug Abuse indicated 51% of its clients were Native American, a majority demographic representation (State of Alaska, 1998). Many villages and towns in rural Alaska have tried to counter the influence of alcohol through the local option law. Some villages have voted to be “dry,” banning alcohol, or at the minimum, “damp,” in which one can legally bring in alcohol but not sell it. The results of these measures vary from village to village; however, in a recent meeting of an Alaska Native regional corporation, village members have indicated that drinking has been reduced. (Victor Joseph, personal communication, September 12, 2001)

In the past decade, those treatment centers available to Alaska Natives have made efforts to develop more *culturally relevant* treatment approaches for Alaska Native alcoholics. The Old Minto Treatment camp was established in the late 1980’s to integrate alcohol treatment with a re-introduction of traditional Athabascan ways to contribute to sobriety (Victor Joseph, personal communication, September 12, 2001). Comparative data for this center with Alaska Natives in dominant culture treatment centers does not exist. Yet, the recognized need for alternative methods of combating alcoholism among Alaska Natives is noteworthy.

The Importance of Cultural Values/ Worldview in the Study of Alcohol Among Native People

Alaska Native cultural values, cosmologies and worldview, are varied amongst the Native groups in Alaska, yet they share a 'oneness' that belies the immense geographical area they live in. Dr. A. Oscar Kawagley poignantly describes the oneness and worldview of the Alaska Native.

"Alaska Native peoples have traditionally tried to live in harmony with the world around them. This has required the construction of an intricate subsistence-based worldview, a complex way of life with specific cultural mandates regarding the ways in which the human being is to relate to other human relatives and the natural spiritual worlds. This worldview, as demonstrated historically by the Native peoples of Alaska, contained a highly developed social consciousness and sense of responsibility"

(Kawagley, 1995, p.8).

Worldview is extremely important when one examines alcohol abuse and dependence, as well as the consequences of alcohol abuse among Alaska Natives. Equally important in this context are the tools that are used to assess these consequences. Does the tool, if not culturally and linguistically attuned to Alaska Native worldviews, give the clinician or counselor a clear and accurate picture of their client in order to look at preventative or diagnostic schemas? The worldviews described above expresses a close connection with community and responsibility that is inextricably linked to the 'success'

of a village. The failure of this connection can bring unhappiness to a community member (Kawagley, 1995).

This association of community and self has been severed or damaged by the approaches of some mental health providers (Dana, 2000). The Western ideology and worldview of mainstream Western mental health professionals constitute culturally specific treatment and counseling modalities that do not fit the cultural self of Native people (Dana, 2000). The implications of this extend beyond the potential that an Alaska Native person not to be helped by an intervention. In most treatment centers, the Alaska Native must abandon their *cultural self* and adhere to a Western approach and its associated worldview.

Dana (1993) examines the concept of self and its relationship to health in the assessment of Native Americans.

“Health and illness have to be translated as wellness and unwellness in order to be applicable to many Native Americans. Wellness/unwellness and spirituality are intertwined and inseparable. Since the self for many Native Americans is essentially tripartite, incursions into any of the elements of the self may be disruptive to physical and/or mental health as these terms are understood in the dominant society” (p. 84).

Dana further describes the historical context of how current assessment tools for alcohol abuse may not be applicable to American Indians and Alaska Natives. Using Eurocentric models of assessment can yield erroneous judgments of a clients’ pathology due to

alcohol. A problem facing the Western practitioner has been the lack of knowledge or even acknowledgment of these Alaska Native cultural norms and how this information can be used in practical terms. The use of medicine men/women or traditional healers were historically not understood by most Anglo practitioners, consequently those whom the Native American most trusted risked being caricatured, pathologized, dehumanized, and marginalized in proportion to the magnitude of their differences in world view from the dominant Anglo-American society (Dana 2000).

The Assessment of Alcohol Consequences

The Drinker Inventory of Consequences (DrInC) is an outcome measure tool developed for Project MATCH, a multi-site treatment study funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The DrInC is a self-administered instrument consisting of 50 items that form 5 subscales. The psychometric properties of the DrInC examined include reliability studies of test-retest and internal consistency, reliability, and studies of validity including varied criterion and construct validity. It has been used with adults in a variety of settings (Allen & Columbus, 1995).

Data Entry. In the validity studies, two-person reliability was utilized for data entry at item_level and hard copy questionnaire. Incomplete questionnaires were deleted except for clarification. If the participant did not respond to one or more items on the DrInC, the following procedure was done: if in a 3 month period question they answered Yes, and they answered Not applicable on the life period, the date entry was Yes; further,

if the participant answered on the 3 month period answered Not applicable and No on the life form, the data entry was No.

Lastly, the procedure resulted in 80% or 1389 cases used as samples for analysis. (Allen & Columbus, p.7)

Subscales. There are 5 subscales used in the DrInC that investigate the following areas: 1) *Physical consequences*, which has 8 items; 2) *Intrapersonal Consequences*, with 8 items; 3) *Social Responsibility Consequences* with 7 items; 4) *Interpersonal Consequences* with 10 items; and lastly, 5) *Impulse Control Consequences* with 12 items.

Gender Differences. Of the 45 problem items, women exceeded men by 10% on only one item, sleeping problems after drinking. The *Impulse Control* subscale contained 6 statistically significant gender differences with *Interpersonal* reflecting the next highest gender differentiation (Allen & Columbus, 1995).

Reliability. Two forms of reliability are test-retest and internal consistency reliability. Pearson r test-re-test correlations for each of the subscales ranged from .70-.92. Cronbach α internal consistencies were generally above .70, ranging from .60-.90, with only one scale below .70 (*Physical subscale* = .61).

Validity. The DrInC converged with several measures of alcohol consumption and dependence. The strongest convergence was with other measures of consequences (e.g., r = .64 with the DrInC *Social Responsibility* Subscale and the Alcohol Use Inventory (AUI; Horn, Wanberg & Foster, 1987) *Social Role Maladaptation* subscale). The DrInC correlated moderately with other AUI subscales, other measures of consequences, and

quantity of drinking ($r = .40-.54$). These numbers indicate, while the measures are related, they are not measuring substantially the same construct; they are measuring different aspects of a similar idea.

Construct Validity and Cross-Cultural Construct Equivalence

This study provides support for the cross-cultural equivalence of the construct of negative consequences from alcohol through the study of the adopted DrInC-AN in a construct validation study. After reading the varied definitions of construct validity, I have chosen to use the following for its brevity and clarity:

Construct validity refers to the degree to which a measure actually taps a meaningful hypothetical construct and a not-directly-observable that underlies causation or explanation to measure putative alcoholic constructs, such as 'craving,' "loss of control," "denial," and 'high-risk drinking' should yield high levels of construct validity (Allen & Columbus, 1995).

In exploring construct validity, as the above definition implies, there must be at least two measures of the construct. There must be *convergent validity*, but also *discriminant validity*. Convergent validity tests the degree of association of two measures thought to tap the same construct, and discriminant validity tests the absence of a relationship between two measures that are thought to tap different constructs. This project explored the construct equivalence of the DrInC-AN instrument through a test of its convergent and discriminate validity.

Allen (2002) describes *translation, conceptual, and metric equivalence* as primary issues when examining the “use of assessment measures cross-culturally and multiculturally.” Translation equivalence refers to whether an assessment measure will effectively be accurate in the translation into another language and its impact upon the interviewee. This importance is further enhanced if English is a second language that is used. The usage of “reservation English” vs. dominant culture English as an example, can create a differentiation of meanings to the interviewee, and assurance must be made for equivalence.

Metric equivalence is vital when examining whether an assessment metric(s) can be used across cultures. It refers to whether the scaling of an instrument remains the same cross-culturally.

Equally important is the matter of *construct equivalence*. Cronbach and Meehl (1955) developed the idea of a *nomological network*. The network is what ties the hypothetical construct, which cannot be directly measured, to observable behavior. (Allen, 2002) Moreover, Campbell & Fiske (1959) developed a multi-trait-multi-method process to determine the adequacy of a test as a measure of a construct.

These two equally important methodological concepts and issues were vital in this project. By testing for construct validity of the DrInC-AN, this study will provide an important test of construct equivalence for the underlying construct of alcohol consequences with Alaska Natives.

Adaptation of the DrInC: The DrInC-AN, a Measure of Drinking Consequences for Alaska Natives

The People Awakening Project at the University of Alaska Fairbanks has developed a tool for the assessment of Alaska Native drinking consequences. The project has adapted the DrInC to be culturally and linguistically sensitive and appropriate for all of the Native groups in Alaska. There has been consultation with members of all groups represented to ensure cultural integrity. The adapted DrInC has undergone over 20 cycles of revision in order for this to occur. This adapted measuring tool is currently being used with the Native groups involved in the project, and the Native people who have participated in the adaptation of the DrInC have expressed satisfaction with the adaptation.

Existing Measures of Alcohol Problems

The AUDIT is a 10 item, and 3-subscale self-administered questionnaire based instrument, which can also be presented in interview form. Developed by the World Health Organization, the AUDIT examines quantity, frequency, alcohol-related problems, and lastly, signs of alcohol dependence. With a score of 40 being the maximum, a score of ≥ 8 , indicates “significant alcohol-related problems” (Conigrave et al., 1995; Medina-Mora et al., 1998, as cited in Seale, et al, 2002). The sub-groups within the AUDIT reveal “hazardous, harmful, and dependent drinkers” (Seale, Seale, Alvarado, Vogel & Terry, 2002).

Cultural Identity

The People Awakening Project (PAP) has received help from the Yup'ik community in developing a Yup'ik Cultural Practices and Traditions. This measure makes an effort to give a representation of how the interviewees view themselves as Yup'ik people. The tool is in development as refinement is sought to enable a concise instrument that will benefit the study as well as benefit the Yup'ik communities in their quest towards preventative and treatment oriented goals.

Rationale

There is currently no culturally and linguistically appropriate assessment measurement tool for any Alaska Native cultures or indeed for the First Nations People in the 48 contiguous states (Dana, 1993). While the current tools give some information, the breadth and depth of that understanding needs to be enlarged. Providers need an increased body of knowledge and better measurement instruments for culturally sensitive treatment and prevention programs. Establishing convergent and discriminant validity for the adapted DrInC with a Native sample will contribute to a better assessment of alcoholism in Alaska Native communities.

The current study assessed the construct equivalence of the DrInC-AN through a test of construct validity. It used a widely utilized measure of alcohol problems in the alcohol field. The AUDIT, though not cross-culturally validated for Alaska Native people, provides one measure of problem drinking developed for cross-cultural use. As such, though potentially a flawed measure with Alaska Natives, it was predicted to

converge with DrInC-AN scores. After discussions with the treatment center director, they were most comfortable with using the AUDIT with their clientele.

The reasons for using the AUDIT are multiple. It measures the consequences of problematic drinking, as does the DrInC-AN and after studying alternative assessment measuring tools, the AUDIT was the one selected and agreed upon by the project and the treatment facility being used for this project.

The Yup'ik Cultural Practices and Traditions (YCPT): *The Way of the Human Being*, currently being developed, functioned as the discriminant measure. To test the construct validity equivalence of an adopted DrInC-AN, the AUDIT served as the convergent measure and the YCPT as the discriminant measure.

Hypothesis

The following two hypotheses were proposed:

- 1) DrInC-AN scores will correlate high with the AUDIT, demonstrating convergent validity.
- 2) DrInC-AN scores will correlate low with the YCPT, demonstrating discriminant validity.

Methods

Participants

Participants were 23 Yup'ik individuals in treatment or aftercare for alcoholism at a residential facility in Southwestern Alaska. The sample was comprised of 60% female and 40% male with a median age of 34 years old. The education mean was grade 11.83, with one participant indicating some post secondary schooling. Four

participants attended boarding schools; the remainder attended grade schools in their home communities in Alaska.

The economic strata (per annum) were 30% with $\leq \$10,000$; 35% with $> \$10,000$ and $\leq \$20,000$; and 31% with $\geq \$30,000$. Occupations listed and proportion-endorsing work in the occupation included commercial fishing and subsistence fishing (39%), private business/self-employed (35%), homemaker (30%) and other occupation (19%). Only one participant described himself as married. There were six religious affiliations associated with the participants; 43% were Roman Catholic, 17% were Moravian, 13% were Russian Orthodox, and 4% described themselves as other religion.

Measures

The YCPT, AUDIT, and the DrInC-AN were used to establish construct equivalence for the DrInC.

The YCPT contributed to the validity data illustrating the discriminate validity. Dana (2000) explains, "People typically construct their identities within the context of their biological backgrounds and the sociopolitical contexts in which they are socialized." (p. 198) For Alaska Natives and American Indians, identity is constructed as, "... within a tribe among an American Indian may self-identify as a member of a clan, outside the tribe among other American Indians as a member of a particular tribe, among non-Indians as an Indian, and outside the country as an American" (p. 199).

Early development of the YCPT by UAF is in the form of a questionnaire to capture a Yup'ik sense of self. The YCPT, as stated earlier, is being created using Yup'ik informants, and normed on Yup'ik values.

The AUDIT as previously discussed is a questionnaire, developed by six countries of the World Health Organization. The measurement scale used indicates levels of alcohol dependence as well as consumption. The AUDIT has recently been used successfully with an unidentified indigenous tribe in Venezuela, which would indicate potential applicability to diverse cultures. (Seale, et al 2002)

Procedures

The data were obtained in semi-structured interviews. Procedure for data collection was as follows.

For the semi-structured interviews, I explained the goals and purpose of the study—that is, explained the need to have culturally and linguistic specific assessment tools in order to facilitate the future needs of the client in terms of treatment and preventative plans in an inpatient and/or outpatient status. In order to do that, I gave the participants three tests: 1) DrInC-AN, 2) AUDIT, and 3) the YCPT (in this order). The total time was approximately 40 minutes for completion.

I explained that the AUDIT and YCPT are self-administered and the DrInC-AN is an interview format. There was an informal semi-structured interview prior to the administration of the tests. This interview consisted of explaining the focus and purpose of the tests; asking the length of time they have used alcohol and in general to help the

participant feel comfortable and to gain some measure of trust with them. Demographic information was collected at this time as well.

I explained the results of the tests will be kept in an absolute confidential manner and that there will be no identifying information included in the study. Identifying information includes but is not limited to area or region of their inpatient residential program. I further explained that if they wanted to see the results of the tests of the total participants at their facility, I would arrange with them and the principal investigators to do so at the completion of the study in totality. The totality of these explanations is documented in the informed consent form that was explained to, and signed by, the participants. (See Appendix A)

I met with most of the treatment staff, after care director and the Program Director and explained the project. The staff received the information enthusiastically and made some suggestions for any future revisions in the DrInC-AN as well as the YCPT. All were very positive about the project and specifically the DrInC-AN, in that they also felt there needed to be a culturally and linguistically instrument for Alaska Native people.

The Program Director and the treatment director agreed to administer the instruments in the future, on a volunteer basis, to those clients during the intake process. The discussions and training took about 1 hour total and as indicated previously, received positively.

The raw data were hand carried back to the offices when I returned and secured with one of the principal investigators.

Results

One participant did not complete the AUDIT and three participants did not complete the YCPT. These participants were dropped from analyses with these respective instruments.

Means, standard deviations, minimum and maximum scores, and coefficient *alpha* internal consistencies for the DrInC-AN subscale and total scores, the YCPT scale total scores and the AUDIT total scores are reported in Table 1.

Table 1

Means, Standard Deviation, and Internal Consistencies for DrInC-AN, YCPT, and AUDIT scores

Scale	<u>N</u>	<u>M</u>	<u>SD</u>	Min	Max	α
DrInC-AN Physical	23	5.52	2.00	1	8	.73
DrInC-AN Interpersonal	23	9.78	2.68	5	13	.76
DrInC-AN Intrapersonal	23	5.91	1.35	3	7	.61
DrInC-AN Impulse Control	23	8.13	2.18	4	12	.62
DrInC-AN Social Responsibility	23	6.35	1.99	2	9	.65
DrInC-AN Spiritual	23	5.30	2.10	0	7	.83
DrInC-AN Total	23	41.00	10.52	22	55	.92
AUDIT Total	22	27.61	13.44	4	50	.89
YCPT Total	20	59.97	19.32	18	98	.91

Internal consistency for the DrInC-AN subscales ranged from marginal levels for the Intrapersonal, Impulse Control, and Social Responsibility subscales, to acceptable levels for the Physical, Interpersonal, and Spiritual subscales. Total score reliability was excellent.

Internal consistency for the AUDIT and YCPT was excellent. Distribution of the YCPT scores was broad, with a standard deviation of 19.32. The distribution approached a normal curve, and individuals scored along the full range of possible scores. This

suggests individuals reported a wide range of immersion in Yup'ik cultural practices, from some individuals who participated quite minimally to some who participated extensively. The majority of participants expressed at least some level of participation in most of the cultural activities tapped by the YCPT.”

Intercorrelation of the DrInC-AN subscales is presented in Table 2.

Table 2

DrInC-AN Subscale Intercorrelation

Subscale	Inter	Intra	IC	SR	Spir
Phys	.70	.68	.35	.75	.58
Inter		.83	.70	.87	.78
Intra			.39	.89	.86
IC				.55	.42
SR					.82

Phys = Physical, Inter = Interpersonal, Intra = Intrapersonal, SR = Social Responsibility, IC = Impulse control, Spir = Spiritual

Intercorrelations were acceptably low for the Impulse Control subscale, with the exception of its correlation with the Interpersonal subscale. The remaining subscale intercorrelations were unacceptably high, suggesting the subscales tap overlapping domains of negative consequences with this population.

The first hypothesis stated that DrInC-AN scores would correlate high with the AUDIT, demonstrating convergent validity. To test the first hypothesis the Pearson *r* correlation of the DrInC-AN total score with the AUDIT total score was computed. Results of this correlational analysis are reported in Table 3. The DrInC-AN correlation

with the AUDIT was low and nonsignificant, suggesting the two measures do not converge as a measure of the same construct. The first hypothesis was rejected.

Table 3

Correlation of the DrInC-AN Total Score with the YCPT and AUDIT

	AUDIT	YCPT
DrInC-AN	.27	-.08

To test the second hypothesis, which stated that the DrInC-AN would correlate low with the YCPT, demonstrating divergent validity, the Pearson r correlation of the DrInC-AN and the YCPT was computed. The correlation of the DrInC-AN with the YCPT was low and nonsignificant, suggesting the two measures did not tap similar constructs. This finding is suggestive of discriminant validity, and the second hypothesis is not rejected.

As the finding of no association between the AUDIT and DrInC-AN was not predicted, and contrary to expectations, a series of exploratory analyses were performed, guided by rival explanations for the observed lack of association between the measures. One possibility was that the first three items were quantity and frequency of drinking questions. Perhaps people in treatment answered on the basis of their drinking currently, and not over the past year. However, correlations between the DrInC-AN and an adjusted AUDIT (questions 1-3 deleted) score did not change the magnitude of the correlation appreciably. Removing three participants who had low adjusted AUDIT total

scores and high DrInC-AN scores, suggestive of potential poor understanding of the instruments or random responding, also did not appreciably change the magnitude of correlation between the instruments. Next, respondents who had high AUDIT scores and low DrInC-AN scores were removed, and the correlation computed. Finally, the correlation of the DrInC-AN to AUDIT questions 9 and 10, which ask directly about drinking consequences in the last year was computed. None of these analyses led to an appreciable change in the magnitude of the observed correlation.

Discussion

In establishing a new paradigm in any discipline or research, there are unknowns, which are likely to reveal themselves in the course of the study. The establishment of a smooth entrée of a project of this magnitude presents unique challenges when the breadth of work is in rural Alaska. Distinctive hurdles must be kept in mind as the researcher travels from one culture to another.

Approximately two thirds of the participants in this sample grew up in village Alaska. There are nuances within village life that are unique and give to the researcher unique opportunities to understand village life and its 'way of life'. The *speed* of the village is slower than towns such as Fairbanks, which means nuances may reveal themselves when looking at timelines or deadlines. A much slower way of life is quite evident when compared to an urban setting and this may be irritable to those who have not been in a village previously. There is an adage some Native People use, say, and live by which is culturally different than the dominant culture; "*We do things on Native time*"

or” *We do things on village time.*” While these statements may seem peculiar to some, the ‘time’ element is not a new concept when comparing ‘western’ concepts of time versus Native time.

To the uninitiated, the uniqueness of village life, with its time-lines and other unique characteristics, can be viewed as a microcosm of the differences of the dominant culture and that of the Native People. Life in the villages are not bound so much by time as they are by community needs such as the time of year, weather or because of a death within the village. The population of many villages is small, which results in an intimacy and knowledge of your neighbor’s activities and life happenings. What happens to one family affects the village as a whole and as such, attending to their needs is much more important than the workplace duties in some instances. It is indeed the inter-relatedness of all things that parallel some traditional ways of knowing of the Native People.

Of further significance, is the need a non-Native professional who works with the Native population to be acquainted with or have some knowledge of the People’s cultural norms. Moreover, appreciating that the understanding and learning will not materialize quickly, the professional that does not realize this, may find resistance from the professional and private citizen. Realizing these types of unsaid but crucial cultural ideologies provides an opportunity of respect given as well as more of an acceptance by the People. This respect can be earned over a period of time for the person who lives and works in the village, so the daunting task for the ‘outsider’ that comes into a village for a short term visit is establishing a rapport and trust in a short amount of time.

Main Findings

The main finding of this study was that DrInC-AN scores were not associated with AUDIT scores. Contrary to predictions, the study did not find evidence for convergent validity using these two measures. There are three competing explanations for this finding:

- (1) The two instruments tap different constructs, which in turn questions validity of the DrInC-AN as the AUDIT is a well-validated measure. However the AUDIT is not validated with Native groups.
- (2) The AUDIT is not a valid measure with Native People, in comparison to the DrInC-AN, which was adapted specifically for Alaska Native People and their specific culture. For example, there is an array of complex alternatives in the AUDIT response format. This may have posed difficulties for many participants, who were either bilingual or second language speakers, and who spoke an English regional dialect.
- (3) The administration of the instruments was impacted by level of staff training. The AUDIT in particular requires more complex instruction, and staff may not have understood the instrument and answers to common questions.

This third competing explanation is especially relevant. No information on the reliability of the administration process by staff at the residential facility was collected. It is likely that the administration process did not work as planned, and this is potentially the reason a relationship was not found.

The study did find, as hypothesized, that Yup'ik cultural practices, as measured by the YCPT, did not associate with drinking consequences, as measured by the DrInC-AN. This provided evidence of discriminant validity for the instrument. However, in the absence of a demonstration of convergent validity, the meaning of this finding is unclear.

This project used one well-validated measure, the AUDIT, an adapted validated measure, the DrInC, and one unvalidated measure, the YCPT. It is clear from the results that although the DrInC was adapted to be culturally and linguistically sensitive to the Yup'ik People, and is intended to measure drinking consequences, there is need for further research with better instructional formats, cultural adaptation, and better field researcher training and monitoring be an instrument thought to measure a similar construct.

The AUDIT, though a well-established measure, was not similarly culturally and linguistically adapted. Additionally, there were two factors in the administration of the AUDIT that need to be considered. First, although there was training to the staff, there does not appear to be consistency in the instructions to the participants, evidenced by some unanswered questions by some participants. Even when calculating the data with the omission of 3 questions on the AUDIT, the correlation between the AUDIT and DrInC-AN remained low.

One may need to question whether the DrInC-AN is accurately measuring drinking consequences. With the adaptation to Yup'ik, could there have been something or a variety of elements, within the translation that may contribute to the DrInC-AN not

accurately measure the drinking consequences. Similarly, scale intercorrelations were quite high and alpha levels for some scales were marginal on the instrument with this population. These findings are in contrast to data from a community sample of Yup'ik collected by People Awakening, which found generally low levels of scale intercorrelation and higher alpha levels (Allen, et al., manuscript in preparation). It may be the instrument functions differently in a treatment sample. Alternatively, instruction on the instrument may have been better in the community research, which used careful checks on interviewer fidelity to the interview protocol, and ongoing training. Finally, the group administration format used in this study may be ineffective in comparison to the individual face-to-face interview format used in the People Awakening studies.

Secondly, the factor of "time" impacted how the participants answered their questions. The AUDIT asks about the frequency of their drinking and there may have been answers relative to their present place and time, which of course renders the answers ineffective.

Without convergent validity however, the results seem to generate more questions than answer the two hypotheses. If another study is done with an "AUDIT-AN", will there be a higher correlation between the DrInC-AN, thus illustrating convergent validity? Secondly, if there is a designated administer, will there be less confusion by the participants as to place and time?

Equally important however is the number of participants used for a data set. The targeted 30 was viewed as a small but adequate number for this project, yet with the

eventual number of 23, it is quite evident the findings of the sample were too small to generate any further meaningful significant results.

Limitations

Logistics

The data used in this project came from a residential facility based in a regional hub community located off the road system in Alaska. As a hub community, the setting is a small urban center that supplies a network of rural villages, however, it is off the road system and hundreds of miles from the nearest city. This introduced several logistical complexities to data collection. Because of budgetary constraints, only one trip could be made from Fairbanks. The professional team at the treatment center was extremely enthusiastic and gave outstanding support throughout the process. Problems arose however as our communication was hindered due to the prioritizations upon the staff by their clientele. The variances of culture between urban and rural and academia and non-academia settings were exemplified by the instances where expediency was of utmost importance. These instances could have been avoided if there would have been a different modality of which to gather the data from the informants. That is not to say that the staff were not professional, but rather the nuances and priorities a treatment center demands were not always in concert with the expedient goals of the project. Moreover, this project certainly was done by the Center as a gesture of good will and cooperation of which this author is eternally grateful for; and without their cooperation, this project would not have been done as expediently as it was. There was however no information on the reliability

of the administration of the questionnaires, which resulted in an absence of any positive or negative relationship due to variances.

Budgetary constraints

As evidenced by the logistics, future participation of clients in a rural treatment center should take into consideration the time factor. Any future project with this population in consideration needs to have at least two alternatives available for the researcher. Traveling back and forth to a site is expensive, and as such, there needs to be monies available to reflect lengthier stays if needed. The other alternative is to employ a person within the community, and train them to do the questionnaires for the totality of the study. This assures consistency and fluidity certainly, but more importantly, as researchers, we have an obligation to contribute to the community as much as possible in any manner that is available.

The overlying rationale for training and employing a person(s) to do the questionnaires is much of what this project is geared towards. If one of the goals of this project is to create a culturally sensitive assessment tool, we must also be culturally relevant by virtue of showing reciprocity by employing local people for further studies.

Project Design

The project's design initially had the researcher traveling to the village, as mentioned in the logistics section. Because of the aforementioned economics, this researcher trained the staff at the treatment center on the procedures to which to carry out

the questionnaires. This course of action revealed possible flaws in the carrying out of the final design.

When this researcher was at the treatment center, there was an understanding by the director, there would be an estimated 18 clients who would be offered to participate in the project. The real numbers upon arrival were 8, which was of course unexpected, however with the original estimate of participants, there was an anticipated delay in receiving the totality of the data set. The delay itself was wrought with problems as numerous miscommunications and the gathering of the data itself hampered arrival of the data.

Further unforeseen problems occurred when the data arrived; the expected amount of finished questionnaires was to be 30 but only 15 were available for analysis. Since there were 7 questionnaires previously done by myself, there were a total of 23. What each of the above instances illustrates is two-fold. First, the necessity for the researcher to gather all of the data themselves to ensure the totality of the research design and secondly; planning for unforeseen delays are essential, especially when the distance of the research participants and the researcher is prohibitive. These are unique challenges urban and rural communities face in the research field and it is imperative to plan and accommodate such uniqueness. One of the most important elements that need attention as a result of this design, which is an integral part of research, is consistency. As evidenced in various data entries, it was quite evident there wasn't a consistent *modus operandi*. Not only is this vital, but moreover, this project concerning human behavior and the future of

how those behaviors will be treated in relation to the addictive process, it is imperative that any data be as accurate as humanly possible. The researcher owes that to the participants, and owes that to the science of research.

Use of the DrInC-AN, AUDIT and YCPT

As stated previously, this project was designed in the hopes in part, to contribute positively to treatment and preventative plans for Alaska Natives in residential treatment centers. Rejection or acceptance of the two hypotheses aside, I believe there must be a close examination as to the appropriateness of the tools used in this project.

The DrInC-AN, which is a measure of drinking consequences, has been made culturally and linguistically relevant and sensitive. The AUDIT was designed for a population either entering a residential treatment center or to ascertain if a person may need to be admitted into a residential treatment center, but has not been adopted to this Alaskan group as the DrInC was

The AUDIT, like the DrInC-AN, although designed to measure drinking consequences in a client, is not culturally or linguistically sensitive. As a tool for convergence with the DrInC-AN, there was agreement amongst the researcher, advisor and the residential director that it was the best tool available at this time. The manner which administration of the questionnaires were done aside, it would seem that the more prudent course of action would have been to produce a like cultural and linguistic AUDIT to use in this project.

Sample Size

As indicated previously in the results and project design sections, the sample size that was initially proposed versus the real size, was smaller than one would want to utilize in a project of such ramifications. While functionally usable, the complexity of both hypotheses demands a larger sample size and indeed should be considered in the future.

Examiner Effects

Many, but not all of the participants completed the instruments at or near the time of their intake to the facility. Seven participants completed these instruments with the author, who was a researcher unaffiliated with the residential treatment facility. The remaining participants completed instruments with program staff. Participants may have answered differently to treatment center staff than to an unaffiliated researcher. These examiner effects may have also impacted upon the results.

Considerations for Future Research

Definitions

If there is future research in a residential treatment facility, there are concerns that I have as a Native person in regard to content and assumptions that are imbedded in the tools used. In the DrInC-AN and YCPT, there are questions revolving around traditional ways of knowing and traditional practices. As a substance abuse counselor prior to graduate school, I have observed the consternation of people coming into a facility. One can see a myriad of emotional feelings during this time; shame for drinking, shame for what their

families have gone through and so on. With this in mind, there seems to be enough compelling evidence that asking about traditional ways of knowing and cultural practices could bear yet another element of shame.

Having said that, it also seems there are tendencies of a researcher who travels to a village to automatically assume the Native People there are “rural”. This assumption can also create a pseudo understanding of who the participants may be. The following describes just some of the areas of concern surrounding this issue.

These definitions must be examined closer, in pursuit of gleaning possibly more vital information germane to the overall goals of this type of project.

The definition of “rural”, while usually generating a general differentiation than urban, needs to be further defined. The following are examples:

- If a person grew up in an urban setting and moves to a rural village, how long do they live there before they are considered rural?
- The reverse of above is even more critical. If one has lived in a rural village and moves to the urban setting, do they “lose” their *ruralness*?
- “Living traditional” can mean different things in each village, but can a person who lives in a town/city also live traditionally?
- A pre/post test format in giving the DrInC-AN could be used for each participant in treatment. This would seem to glean important issues pursuant to treatment and after care issues.

These are just a few of the areas that may need to be looked at for future research as fine tuning of this instrument is vital in the treatment and preventative measures for Alaska Natives.

Benefits for Non-Native Researchers

One of the pitfalls or hazards that can befall a researcher who is new to working with Alaska Native People is the tendency to have a 'pan-Indian' approach; that is, to have a belief or understanding [sic] that all Alaska Native cultures have the same qualities/traditions/modes of communication. It is hoped that within the context of this project, specifically the YCPT, other Alaska Native cultures are indeed autonomous and distinct from the other Native groups within Alaska.

Conclusion

While the hypotheses of this project were not totally rejected, the results illustrate a real need to reevaluate the tools used for such an endeavor in the future. Moreover, the actual *need* for such tools also needs to be considered. Alaska Native People and Native Americans have been tested, examined and researched by psychologists, anthropologists and many other disciplines, attempting to better understand the intricacies of the varied rich cultures that they represent. While this project and others were designed to give a window of information with the utmost of sensitivities to culture and traditions, perhaps it may be time to stop and reevaluate who should design these tools we so 'need'.

Input from the Yup'ik People for the DrInC-AN is an illustration and recognition of the value of the People. Further, it also represented what I believe to be true

community psychology—that of researchers and the community acknowledging the strengths and weaknesses and subsequent involvement.

While the DrInC-AN had in this instance, both cultures involved, it may be appropriate now to *give* this instrument to the Native communities that show an interest in it. Appropriate training and/or an explanation of how this tool is used and the expected outcomes can give to the community a ‘head start’ on developing this and all of the aforementioned tools themselves that will be not only culturally and linguistically sensitive but more important—THEIRS.

References

- Alaska Native Commission (1994). Section II, "*Social and Cultural Issues and the Alcohol Crisis*".
- Allen, J, et al (manuscript in preparation). Development of a tool to measure alcohol consequences with Alaska Natives.
- Allen, J.P. & Columbus, M. (Eds.) (1995). *Assessing alcohol problems: A guide for clinicians and researchers*. NIAAA Treatment Handbook, Series 4, NIH Pub No 95-3745. Bethesda, MD: U.S. Department of Health and Human Services.
- Anchorage Daily News.(1989). *People In Peril*. [Special series].
- Berger, T. (1985). *Village journey: The report of the Alaska Native review commission*. NY: Hill and Wang.
- Campbell, D.T. & Fiske, D.W. (1959). Convergent and discriminant validation by the multitrait-multimethod matrix. *Psychological Bulletin*, 56, 81-105.
- Conigrave, K.M., Hall, W.D. & Saunders, J.B. (1995). AUDIT questionnaire: Choosing a cut-off score. *Addiction*, 90, 1349-1356.
- Cronbach, L.J. & Meehl, P.E. (1955). Construct validity in psychological tests. *Psychological Bulletin*, 52, 281-302.
- Dana, R. (2000). The cultural self as locus for assessment and intervention with American Indians/Alaska Natives. *Journal of Multicultural Counseling and Development*, 28(2), 66-82.
- Dana, R. (1993). *Multicultural assessment perspectives for professional psychology*. Needham Heights, MA: Allyn and Bacon.
- Dana, R. (Ed.)(2000). *Handbook of Cross-Cultural and Multicultural Personality Assessment*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Duran, E., Duran, B. (1995) *Native American Postcolonial Psychology*. Albany, NY: State University of New York Press.

Horn, J.L., Wanberg, K.W., & Foster, F.M. (1987). *Guide to the Alcohol Use Inventory*. Minneapolis, MN: National Computer Systems.

Kawagley, A. (1995). *A Yupiaq worldview, A pathway to ecology and spirit*. Prospect Heights, IL: Waveland Press

Medina-Mora, E., Carreno, S., & de la Fuente, J.R. (1998) Experience with the Alcohol Use Disorders Identification Test (AUDIT) in Mexico. In M. Glanter, (Ed.). *Recent developments in alcoholism, Vol. 14*. NY: Plenum Press.

Seale, P.; Seale, J D., Alvarado, M., Vogel, R. L., & Terry, N.E. (2002). Prevalence of Problem Drinking in a Venezuelan Native American Population. *Alcohol and Alcoholism*, 37 (2). 198-204.

State of Alaska, Division of Alcoholism and Drug Abuse (1998). *Audit Report #06-4570-99*. Juneau, Alaska.

Appendix A

IRB# 02-20

People Awakening Project: Alaska Native Pathways into Sobriety

Interview Informed Consent

You are being asked to read the following material to make sure that you are informed about this research study and how you will participate in it, if you consent to do so. Signing this form will indicate that you have been informed and that you give your consent. Federal regulations require written informed consent before you participate in this study so that you can know the nature and risks of your participation and can decide to participate or not participate.

Purpose:

You are invited to participate in an interview designed to help in developing a culturally appropriate way of measuring the effects of alcohol in an Alaska Native person's life. We want to learn how to better conduct interviews in ways that make sense for Yup'ik people, in order to guide successful alcohol treatment efforts.

Procedure:

We will ask you three sets of questions. Two sets of questions ask you about the effects of alcohol on your life. One set asks you about your participation in cultural activities. The interview will take about 40 minutes. Findings from this study will be published in scientific journals and books, and presented at conferences and community presentations. At no time will data from an individual be presented, or the identity of a person or participating village be revealed.

Risks or Discomforts:

We see minimal risks to interview participants. However, some of the questions may bring back painful memories. If you feel discomfort, tell me and we can take a break. At times, I will ask how you are doing and if you wish to continue. You may stop the interview at any time with no penalty.

Benefits:

We hope that there will be many benefits of this research. The most important is to learn about ways to measure the effects of alcohol with Alaska Native people that are culturally appropriate. There may be some direct benefit to you because the interview is about understanding reasons why you are changing the ways you deal with alcohol in your life. We hope to learn about things that prevent drinking problems and help in recovery. Your help here will teach us how to ask questions about the effects of alcohol that make sense to Native people.

Confidentiality:

Your answers are confidential. Your name on the consent form will be kept separate from answers. We will not tell anyone who took part in these interviews. Answers and consent forms will be kept separate and locked up. People Awakening Project has a Certificate of Confidentiality from the U.S. government that permits us to refuse to give out information about people in the study, even if we are court-ordered.

Contacts:

If you have any questions at any time regarding this project's activities, you may call Dr. James Allen at 907-474-6132 or Jim.Allen@uaf.edu. You may also reach us by calling 1-877-474-5969 toll free, and asking for us by name. . If you have questions regarding your rights as a research participant, please contact Suzy Pence, Research Committee Coordinator, Office of Research Integrity at 907-474-7800 or s.pence@uaf.edu.

Authorization

Signing this form below means the methods, inconveniences, risks, and benefits have been explained to you, any questions have been answered, and we may begin the interview. Your participation in this research is voluntary. You may ask questions at any time. You are free to end the interview at any time without penalty. You are free to not answer any question you do not want to answer. A copy of this signed consent form will be given to you.

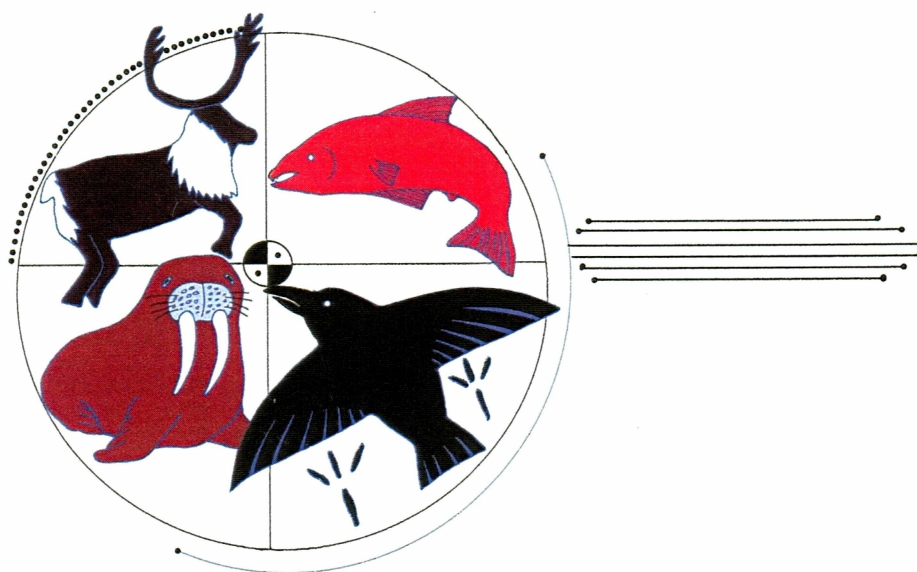
Participant's Signature

Date

Witness (if required)

Date

Appendix B



People Awakening Project

Discovering Alaska Native Pathways to
Sobriety

Dr/nC-AN

Drinker's Inventory of Negative Consequences for Alaska Natives
Lifetime Form A

August 6, 2002



UNIVERSITY OF ALASKA FAIRBANKS

Department of Psychology

Fairbanks, AK 99775-6480

Toll Free: 1-877-474-5969

DEMOGRAPHIC INFORMATION

First, I would like to ask a few general questions about you:

1. Gender: Male Female
2. Date of Birth: (mm/dd/yy) _____ Age: _____
3. What is the highest grade you finished in school (including GED)? _____
4. Where did you go to grade school?

In home village/city school: Where? _____

Boarding school: Which one(s)? _____

Home school

5. Where did you go to high school?

In home village/city school: Where? _____

Boarding school: Which one(s)? _____

Home school

6. Have you had any other education, training or certification?

NO

YES **University education:** Number of years _____

Highest degree received _____

Vocation or Technical training: What type/length
of course?

Job Corp: How many years? _____

Job Related Certification or Training:

7. Have you ever been married?

NO

YES—Are you married now? NO

YES—How many years have you been married? _____

Note: if the person states that they have a living arrangement other than being "married" legally, make a note of it here.

8. Do you have any children?

NO

YES—How many? _____

Do you have any grandchildren? NO

YES—How many? _____

9. How many people live in your household? _____

10. What is your religion?

11. Have you ever served in the military?

NO

YES—Which branch? _____

How long did you serve?

12. Which of these subsistence activities does your family

do? (check all that apply)

People Awakening Project
DrInC-AN Interview • Form A • Lifetime Version • July 24, 2002 • 41

Moose hunting _____

Salmon Fishing _____

Caribou hunting _____

Herring fishing _____

Bird hunting _____

Whitefish/Pike _____

fishing _____

Berry picking _____

Other fishing _____

Trapping _____

Whaling _____

Seal/Walrus hunting _____

Other (Please specify)

13. How do you make your living? (circle all that apply)

<u>Commercial fishing, cannery</u>	<u>Health Aide</u>
<u>worker</u>	<u>Mental Health/Substance Abuse</u>
<u>Subsistence (seasonal or</u>	<u>Counselor</u>
<u>full time)</u>	<u>Food Service Worker</u>
<u>Homemaker</u>	<u>Construction, Heavy Equipment</u>
<u>Manager, Administrator</u>	<u>Operator</u>
<u>Government Employee</u>	<u>Skilled worker, Technician</u>
<u>Business Owner</u>	<u>Artist, Craftsperson</u>
<u>Sales, Clerical</u>	<u>Firefighter</u>
<u>Professional with</u>	<u>Student</u>
<u>advanced degree</u>	<u>Unemployed</u>
<u>Teacher or Teacher's Aide</u>	<u>Retired</u>
<u>Social Worker</u>	
<u>Nurse or Nurse's Aide</u>	<u>Other</u>

14. If you are paid, who is your employer?

15. Which of these best describes your total household income this year?

(give the questionnaire to the participant to mark)

A. Less than \$10,000

B. \$10,000 to \$19,999

C. \$20,000 to \$35,999

D. \$35,000 to \$49,999

E. \$50,000 or more

Form A

Lifetime Interview Only

"I am going to ask you about things that sometimes happen to drinkers. I am going to ask you about some things that may have happened to you in your lifetime. They may have happened 10 years ago, 15 years ago, or longer ago. After I ask each question, tell me no or yes. If the question does not apply to you, please just tell me it does not apply."

[Code 0 = No, 1 = Yes, 0 = Does not apply]

Has this EVER happened to you?	No	Yes
<hr/>		
1. Have you had a hangover or felt bad after drinking?	0	1
2. Have you felt bad about yourself because of your drinking?	0	1
3. Have you missed days hunting or gathering, or work, or school because of your drinking?	0	1
4. Have your family or friends worried about your drinking?	0	1
5. Have you done a poor job at subsistence activities or other work because of your drinking?	0	1
6. Do you feel like your ability to be a good parent has been harmed because of your drinking?	0	1
7. After drinking, have you had trouble with sleeping, staying asleep, or nightmares?	0	1
8. Have you felt ashamed because you don't have things to give back to people because of your drinking?	0	1
9. Have you driven a boat, four-wheeler, snowmachine,	0	1

or car after having three or more drinks?

10. Do you use drugs more when you drink?	0	1
11. Have you been sick and thrown up after drinking?	0	1
12. Have you felt sad or unhappy because of your drinking?	0	1
Because of your drinking, have you not eaten right?	0	1
13. Have you failed to do what others expect of you because of your drinking?	0	1
14. Have you felt guilty or ashamed because of your drinking?	0	1
15. While drinking, have you said or done things you are ashamed of?	0	1
16. While drinking, have you changed for the worse?	0	1
17. Have you done foolish and dangerous things while drinking?	0	1
18. Have you gotten into trouble because of your drinking?	0	1
19. When drinking, have you said mean or cruel things to someone?	0	1
20. When drinking have you done things without thinking, and wished you had not done them later?	0	1
21. Have you gotten angry and into a fight where you have hit someone while drinking?	0	1
22. Has your drinking hurt your body and health?	0	1
23. Have you had money problems, or been short of food or clothes, because of your drinking?	0	1
24. Has your marriage or love relationship been harmed by your drinking?	0	1
25. Have you smoked more when drinking?	0	1
26. While drinking, have you been boastful or rude?	0	1

- | | | |
|--|---|---|
| 27. Has your drinking hurt the way your body looks? | 0 | 1 |
| 28. Have your relatives been hurt by your drinking? | 0 | 1 |
| 29. Has your drinking hurt your ties with a friend or relative? | 0 | 1 |
| 30. Have you gotten fat because of your drinking? | 0 | 1 |
| 31. Has your drinking harmed your sex life? | 0 | 1 |
| 32. Have you lost interest in activities and hobbies because of your drinking? Activities and hobbies might include things like beading, sewing, or church activities, making things, repairing things around the house, or church activities. | 0 | 1 |
| 33. Has drinking brought you to a life you didn't like? | 0 | 1 |
| 34. Has drinking interfered with your becoming a respected person in your community? | 0 | 1 |
| 35. Has your drinking hurt your social life or reputation? | 0 | 1 |
| 36. Have you lost custody of a child because of your drinking? | 0 | 1 |
| 37. Have you spent too much, or lost a lot of money, or given away too much, because of your drinking? | 0 | 1 |
| 38. Have you been arrested for driving while drunk? | 0 | 1 |
| 39. Have you had trouble with the law (other than driving while drunk) because of your drinking? | 0 | 1 |
| 40. Have you lost a marriage or a close love relationship because of your drinking? | 0 | 1 |
| 41. Have you lost a job or quit school, or have others not wanted to do subsistence activities with you because of your drinking? | 0 | 1 |

- | | | |
|--|---|---|
| 42. Have you neglected your children because of your drinking? | 0 | 1 |
| 43. Have you lost a friend because of your drinking? | | |
| 44. Have you had an accident driving a boat, four-wheeler,
snowmachine, or car after having three or more drinks? | 0 | 1 |
| 45. While drinking, have you got hurt, burned, or frostbit? | 0 | 1 |
| 46. While drinking or drunk, have you hurt someone else? | 0 | 1 |
| 47. Have you broken your things or other people's things
while drinking or drunk? | 0 | 1 |
| 48. While drinking, have you been disrespectful of people? | 0 | 1 |
| 49. Has your spiritual or moral life been hurt by your drinking? | 0 | 1 |
| 50. Have you not gone to church or spiritual gatherings because
of your drinking? | 0 | 1 |
| 51. Has your relationship with God or a higher power been hurt
by your drinking? | 0 | 1 |
| 52. Has your connection with subsistence activities been hurt
by your drinking? | 0 | 1 |
| 53. Have you not gone to traditional ceremonies, potlaches,
or feasts because of your drinking? | 0 | 1 |
| 54. Have you felt not spiritually at peace because of your drinking? | 0 | 1 |
| 55. Has your life felt out of balance because of your drinking? | 0 | 1 |

AUDIT

Please circle the answer that is correct for you

1. How often do you have a drink containing alcohol?

Never	Monthly or less	Two to four times a month	Two to three times per week	Four or more times a week
-------	-----------------------	------------------------------------	--------------------------------------	------------------------------------

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2	3 or 4	5 or 6	7 to 9	10 or more
--------	--------	--------	--------	------------

3. How often do you have six or more drinks on one occasion?

Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week
-------	----------------------	---------	-----------------------------------	------------------------------------

4. How often during the last year have you found that you were not able to stop drinking once you had started?

Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week
-------	----------------------	---------	-----------------------------------	------------------------------------

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week
-------	----------------------	---------	-----------------------------------	------------------------------------

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week
-------	----------------------	---------	-----------------------------------	------------------------------------

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week
-------	----------------------	---------	-----------------------------------	------------------------------------

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week
-------	----------------------	---------	-----------------------------------	------------------------------------

9. Have you or someone else been injured as a result of your drinking?

No	Yes, but not in the last year	Yes, during the last year
----	-------------------------------------	---------------------------

last year

10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No

Yes, but
not in the
last year

Yes, during the last year

Umyuarteqellren yuuyaraamun

“The first part of the interview asks you to describe your participation in Yup’ik culture. Please answer each question along the following scale:

1	2	3	4	5
Not at all		Some		A lot

This is how it works.

If you were to ask me

- 1. How often do I go to basketball games during the winter?”**

I would answer that I go to games a lot in the winter, but not all the time, and more than sometimes, so I would put down here in between, at 4.

- 2. How often do I use seal oil?**

Interviewer slides it to a DIFFERENT place and explains his or her answer.

If they seem to get it after the first one, ask them the second one to make sure they understand. Make sure they can answer with 4 or 2. If they do not seem sure after #1, show them with #2, and ask them the same questions.

Any questions?”

Ok, let’s begin....

1. _____ How often do you eat traditional Yup’ik foods?
2. _____ How much do you understand Yupik tradition (*piciryaraat*)?
3. _____ How often do you speak Yup’ik?

Check to make sure they are understanding using the scale.

4. _____ How often have you been told about your grandparents or your parents relatives?
5. _____ How much do you know about your Yup’ik namesake?
6. _____ How much of the food you eat comes from the store?

7. _____ How often do you share subsistence food outside of your household?
8. _____ How often do you show thanks to your subsistence catch by prayer or things like feast or *uqiquq*?
9. _____ How often do you show thanks to your catch by giving away to elders or others?
10. _____ How often do you sing in Yup'ik?
11. _____ How often do you enjoy Yup'ik dance or drumming?
12. _____ How often do you practice Yup'ik fasting/*yagyaraq* (for example, tying string around your limbs)?
13. _____ How often do you use local medicinal plants or healers?
14. _____ How often do you go to Anchorage or other cities?
15. _____ How often do you speak out in tribal meetings or express your concern to a tribal member?
16. _____ How often do you use a computer?
17. _____ How often have you had opportunities to travel for leisure outside of your region?
18. _____ How often do you ask for help when completing forms?
19. _____ How comfortable are you in speaking English?
20. _____ How comfortable are you in speaking Yup'ik?
21. _____ How much have you pursued education past 12 grade?
22. _____ How much do you encourage higher education for young people (for example, job corps, scholarships, going to Kusko)?